UNITED	UNITED STATES HOUSE OF REPRESENTATIVES		FORM B For New Mambers, Candidates, and New Employees	E
Name:	MARGO L. DAVIDSON	Daytime Telephone.		J8 APR
FLER	New Member of or Candidate for State: U.S. House of Representatives District: Candidates - Date of Election:	NEW 5	Check if Amendment	(Office Use Only)
STATUS		Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1,	A \$200 penalty shall be assessed
	Employing Office:		8	Individual who files more than 30
	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	H OF THESE QUES		individual who files m
A. Did you, yr a. Own any end of th b. Receive	RELIMINARY INFORMATION – ANSWER EACH Sour spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?	H OF THESE QUES	u hold any repo	Individual who files more through the reporting the reporting through the date of filing?
A. Did you, your a. Own any regard of the reserve mo asset during b. Receive mo asset during C. Did you or you honoraria, or pen reporting period?	RELIMINARY INFORMATION – ANSWER EACA. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No X	STIONS E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Individual who files more through the date of filing? Yes through the date of filing? Yes through the current with an or arrangement with an or in the current calendar.
A. Did you, y a. Own any end of the b. Receive asset du C. Did you or honoraria, or reporting peri lability (more	RELIMINARY INFORMATION – ANSWER EACA. Did you, your spouse, or your dependent chikt: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? C. Did you or your spouse have "samed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No	STIONS E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of the current calendar year up through the date of the current of the current or arrangement we outside entity during the reporting period or in the current cale year up through the date of filing? J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	during the reporting through the date of filing? Yes through the date of filing? Yes or in the current calendar or in the current calendar or in the current calendar yes prior yesrs?

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	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	CORRESPONDING SC	ATTACH THE C
Yes No X	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	*	D. Did you, your spouse, or your dependent child have any reportable lability (more than \$10,000) at any point during the reporting period?
Yes No X	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No X	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No	E. Did you hold any reportable positions during the reporting Period or in the current calendar year up through the date of filing?	Yess No X	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. š _____ *₹*

SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name:

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1		31 %	PA DE		5		Н	eptic location in Block A. de: Your personal residence, is and vacation homes (unless to during the reporting period); it is, or income derived in the report is privately-traded in sert program, including the Tim propriate in privately-traded in and investment Fund, please so choose, you may inclicate is a source is that of your as plant chald (DC), or jointly held to optional column on the far left, detailed decuseon of Schedule	582 282	3 2 3		}	9 1	cating 51,000 at the end of the reporting person, (b) any other reportable seems or source of incomin in generated more than \$200 in "unaarmed ne during the year	30	Assets and/or income Sources	
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SCHEDULE C - EARNED INCOME

Name Page 3 of

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroli. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, cartain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. Waverly Heights Retient Community Examples: Commonleauth of fammsx I vanio Employment Compensation UBER Source (include date of receipt for honoraria) ABC Trade Association, Buildinger, MD (Avy 15)
State of Maryland
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report at liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

							>	Amount of Liability	t of Li	bility				
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DC 3	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	598	Mortgage on Rankil Property, Dover, DE				×							
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, pertner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business anterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year and two previous years.

Position	Position Name of Organization
SNON	

SCHEDULE F - AGREEMENTS

Name: Page 2 6

dentify the de continuation c employer.	dentify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a lea continuation or deferral of payments by a former or current employer other than the U.S. government, or continuing participation in an en employer.	dentify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former amployer.
Date	Parties to Agreement	Terms of Agreement
	ZNON	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and tare prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Exemple	Doe Jones & Smith, Hometown, Homestale	Accounting Services
	NONE	

FILER NOTES (Optional)

Name: Page 6 or 6

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